New Jersey Department of Health and Senior Services Vaccine Preventable Disease Program

IMMUNIZATION AUDIT REPORT WORKSHEET

Name of School										Date Completed							
OTUDEA	ITO NOT COM	REASONS (Check appropriate box for students that fall into these categories (Not Doses)															
STUDENTS NOT COMPLETE AND HAVING NO EXEMPTIONS ON FILE			Record Not On File	Need DtaP, DT, Td,	Need Polio	Need 1st Measles	Need 2nd Measles	Need Rubella	Need Mumps	Need Hib	Need Hep B	Need Varicella	Need Pneumo- coccal	Need Influenza	Need Meningo- coccal		
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		NOTES FOR	DEFICIE	NCIES LIS	TED ABO	VE (Corre	sponds to	Students	in each o	f the desig	gnated ro	vs above)	•	•			
Student 1																	
Student 2																	
Student 3																	
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Student 5																	
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Student 13																	
Student 14																	
Student 15																	

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		NOTES FOR	DEFICIE	NCIES LIS	TED ABO	VE (Corre	sponds to	Students	in each o	f the desig	gnated rov	ws above)					
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Student 17																	
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